

1. Form Typed or Written in Ink
2. All receipts must be attached

# COUNTY OF LAKE

## TRAVEL EXPENSE CLAIM

Claimant TYE HOCKETT Employee No. 50267

Mailing Address \_\_\_\_\_ Department No. 2210

Leave Date: 11/1/16 Time: 0845 Return Date: 11/4/16 Time: 1800

Destination ANAHEIM / GARDEN GROVE

Purpose CALIFORNIA GANG TASK FORCE CONFERENCE

TRANSPORTATION \_\_\_\_\_ x \$0. \_\_\_\_\_ = \$ \_\_\_\_\_ Fares \$ \_\_\_\_\_  
(Priv Car/Air Miles) (Rate) (Amount) (Public Trans)

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
(Amount) (Received)

2) \_\_\_\_\_  
(Received)

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
(Amount) (Allowable Unreceipted)

MEALS - PER DIEM \$ 21.00 (3) \$ 20.00 (2) \$ (3) 51.00  
(Travel Policy — Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - PER DIEM \$ \_\_\_\_\_  
(Travel Policy — Sec 2.1) (Amount) (No. of Days)

MEALS - ACTUAL \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Travel Policy — Sec 4.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - ACTUAL \$ \_\_\_\_\_  
(Travel Policy — Sec 4.1) (Amount) (No. of Days)

Total Reimbursement Claimed \$ 92.00

Less Travel Advance ( 0 ) \_\_\_\_\_  
(Date of Advance)

Total Reimbursement Due \$ 92.00 28.30

I certify under the penalty of perjury that the within claim and the items as therein set out are true and correct, that no part thereof has heretofore been paid and that the amount therein is justly due me and that the same is presented within 60 days of the date on which expenses were incurred inclusive of required receipts. I further certify that there are sufficient funds and budget appropriations to support this claim.

Tye Hockett 11/4/16 Mary Beth Strong 1/21/17  
Claimant's Signature Date Authorized and Approved by Department Head Date

Vendor No. (7)	Invoice # (8)		Description (24)				
Amount (9)	Fund (3)	Sub (2)	Dept (4)	Sub (2)	GL (3)	Object (4)	Sub (2)
\$							

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Pam Cochran, Auditor-Controller By \_\_\_\_\_ (Deputy Auditor) \_\_\_\_\_ (Date)

*Received in office*  
E:Public Forms/New Travel Paid.doc  
1/18/17 MBS

1. Form Typed or Written in Ink
2. All receipts must be attached

*hot meals provided*

# COUNTY OF LAKE

## TRAVEL EXPENSE CLAIM

Claimant FRANKLIN GUDMUNDSON Employee No. 567

Mailing Address \_\_\_\_\_ Department No. 2210

Leave Date: AUG 8, 2016 Time: \_\_\_\_\_ Return Date: SEPT 9, 2016 Time: \_\_\_\_\_

Destination Windsor

Purpose training academy

TRANSPORTATION \_\_\_\_\_ x \$0. \_\_\_\_\_ = \$ \_\_\_\_\_ Fares \$ \_\_\_\_\_  
(Priv Car/Air Miles) (Rate) (Amount) (Public Trans)

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
(Amount) (Receipted)

2) \_\_\_\_\_  
(Receipted)

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
(Amount) (Allowable Unreceipted)

MEALS - PER DIEM \$ 28.00 4 \$ 250.00 25 \$ 340.00 25  
(Travel Policy — Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - PER DIEM \$ \_\_\_\_\_  
(Travel Policy — Sec 2.1) (Amount) (No. of Days)

MEALS - ACTUAL \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Travel Policy — Sec 4.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - ACTUAL \$ \_\_\_\_\_  
(Travel Policy — Sec 4.1) (Amount) (No. of Days)

Total Reimbursement Claimed \$ 618.00

Less Travel Advance ( 637.50 )

Total Reimbursement Due \$ (19.50) 28.30

I certify under the penalty of perjury that the within claim and the items as therein set out are true and correct, that no part thereof has heretofore been paid and that the amount therein is justly due me and that the same is presented within 60 days of the date on which expenses were incurred inclusive of required receipts. I further certify that there are sufficient funds and budget appropriations to support this claim.

Claimant's Signature

09192016  
Date

Authorized and Approved by Department Head

09192016  
Date

Vendor No. (7)	Invoice # (8)		Description (24)				
Amount (9)	Fund (3)	Sub (2)	Dept (4)	Sub (2)	GL (3)	Object (4)	Sub (2)
\$							

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Pam Cochrane, Auditor-Controller

By \_\_\_\_\_  
(Deputy Auditor)

\_\_\_\_\_  
(Date)

not  
breakfast  
provided

# COUNTY OF LAKE

## TRAVEL ADVANCE REQUEST FORM

Excluding Mileage

Claimant: CUMMINGS, FRANKLIN 344 Date: 0726/16

TA No. \_\_\_\_\_ No. \_\_\_\_\_

Date/Time Departure 8/9/16 Return 9/3/16

Destination: Santa Rosa Training Academy

### Estimated Needs:

Per Diem 25 days @ 34<sup>00</sup> x 75% \$ 637<sup>50</sup>

Actual (Attach Verification) \_\_\_\_\_ days @ \_\_\_\_\_ x 75% \$ \_\_\_\_\_

Registration (Attach Verification) \_\_\_\_\_ \$ \_\_\_\_\_

### Commercial Travel (Attach Verification and List Hereon):

\_\_\_\_\_  
\$ \_\_\_\_\_

### Other (Tuition, etc., Specify and Document):

\_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL ADVANCE REQUEST \$ 637<sup>50</sup>

I hereby certify that the amount requested and to be received is for travel expenses as allowed under the County of Lake Travel Policy.

I hereby certify that the claimant hereon is required to perform the travel indicated hereon and this advance is in compliance with the provisions of the County of Lake Travel Policy.

(Claimant Signature)

(Date)

(Department Head Signature)

(Date)

(Retain Pink copy in Department file)

(Submit White and Yellow copies for advance - Resubmit Yellow copy with standard travel claim form for settlement)

Vendor No. (7)	Invoice # (8)		Description (24)				
Amount (9)	Fund (4)	Sub (2)	Dept (4)	Sub (2)	GL (3)	Object (4)	Sub (2)
\$ _____			2210			28	30

I hereby certify that the facts of the transaction herein set forth as evidenced by the above and the documents attached hereto and further certify as to the correctness of the computations hereon.

Pam Cochrane, Auditor-Controller

By \_\_\_\_\_

(Deputy Auditor)

(Date)

Claim No. (7)

County Of Lake  
Lakeport, California

Receipt No. 1299413

Department: Sheriff

Date 1/9/17

Received of Frank Goldmundson \$19.50  
nineteen & 50 Dollars

Detail of Deposit Travel Advance pay Back

CASH ☒

CHECK ☐

OTHER ☐

By M. McCall

1. Form Typed or Written in Ink
2. All receipts must be attached

# COUNTY OF LAKE

## TRAVEL EXPENSE CLAIM

Claimant Shelby Crawford Employee No. 339/50566

Mailing Address \_\_\_\_\_

Department No. 2301

Leave Date: 8-8-16 Time: 0530 Return Date: 9-9-16 Time: 1500

Destination Windsor CORE academy

Purpose Required training

TRANSPORTATION \_\_\_\_\_ x \$0. \_\_\_\_\_ = \$ \_\_\_\_\_ Fares \$ \_\_\_\_\_  
(Priv Car/Air Miles) (Rate) (Amount) (Public Trans)

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
(Amount) (Received)

2) \_\_\_\_\_  
(Received)

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
(Amount) (Allowable Unreceived)

MEALS - PER DIEM \$ \_\_\_\_\_ \$ 250.00 25 \$ 340.00 20  
(Travel Policy — Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - PER DIEM \$ \_\_\_\_\_  
(Travel Policy — Sec 2.1) (Amount) (No. of Days)

MEALS - ACTUAL \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Travel Policy — Sec 4.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - ACTUAL \$ \_\_\_\_\_  
(Travel Policy — Sec 4.1) (Amount) (No. of Days)

Total Reimbursement Claimed \$ 590.00

Less Travel Advance ( 637.50 ) 1/27/16  
(Date of Advance)

Total Reimbursement Due \$ (47.50) 28.30

I certify under the penalty of perjury that the within claim and the items as therein set out are true and correct, that no part thereof has heretofore been paid and that the amount therein is justly due me and that the same is presented within 60 days of the date on which expenses were incurred inclusive of required receipts. I further certify that there are sufficient funds and budget appropriations to support this claim.

Claimant's Signature [Signature] Date 9-16-16 Authorized and Approved by Department Head [Signature] Date 12/30/16

Vendor No. (7)	Invoice # (8)	Description (24)
Amount (9)	Fund (3)	Sub (2)
\$	Dept (4)	Sub (2)
	GL (3)	Object (4)
		Sub (2)

Pam Cochrane, Auditor-Controller

By \_\_\_\_\_ (Deputy Auditor) \_\_\_\_\_ (Date)

not  
prepaid  
provided

# COUNTY OF LAKE

## TRAVEL ADVANCE REQUEST FORM

Excluding Mileage

Claimant: Crawford, Shelby 339 Date: 07/27/16

TA No. \_\_\_\_\_ No. \_\_\_\_\_

Date/Time Departure 8/8/16 Return 9/9/16

Destination: Santa Rosa Training Academy

### Estimated Needs:

Per Diem 25 days @ 34.00 x 75% \$ 6037.50

Actual (Attach Verification) \_\_\_\_\_ days @ \_\_\_\_\_ x 75% \$ \_\_\_\_\_

Registration (Attach Verification) \_\_\_\_\_ \$ \_\_\_\_\_

Commercial Travel (Attach Verification and List Hereon):

\_\_\_\_\_  
\$ \_\_\_\_\_

Other (Tuition, etc., Specify and Document):

\_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL ADVANCE REQUEST \$ 6037.50

I hereby certify that the amount requested and to be received is for travel expenses as allowed under the County of Lake Travel Policy.

I hereby certify that the claimant hereon is required to perform the travel indicated hereon and this advance is in compliance with the provisions of the County of Lake Travel Policy.

(Claimant Signature)

(Date)

(Department Head Signature)

(Date)

(Retain Pink copy in Department file)

(Submit White and Yellow copies for advance - Resubmit Yellow copy with standard travel claim form for settlement)

Vendor No. (7)	Invoice # (8)		Description (24)				
Amount (9)	Fund (4)	Sub (2)	Dept (4)	Sub (2)	GL (3)	Object (4)	Sub (2)
\$			2210			28	30

I hereby certify that the facts of the transaction herein set forth as evidenced by the above and the documents attached hereto and further certify as to the correctness of the computations hereon.

Pam Cochrane, Auditor-Controller

By

(Deputy Auditor)

(Date)

Claim No. (7)

SHELBY CRAWFORD

1180

12-16-16  
Pay to the Order of Lake County Sheriff's Office \$ 47.50  
Forty Seven dollars and fifty cents Dollars  
WELLS FARGO  
For SCJ

County Of Lake  
Lakeport, California

Department: SHERIFF

Receipt No. 1308324

Date 12/21/16

Received of SHELBY CRAWFORD \$ 47.50  
FORTY SEVEN AND 50/100 Dollars  
Detail of Deposit REIMB TRAVEL ADVANCE CK# 734136, 8/5/16  
196.2210.722.78-30

CASH ☐  
CHECK ☒ 1180  
OTHER ☐

By X. Kegan

1. Form Typed or Written in Ink
2. All receipts must be attached

# COUNTY OF LAKE

## TRAVEL EXPENSE CLAIM

Claimant Susan West Employee No. 565  
~~8134~~

Mailing Address \_\_\_\_\_ Department No. 2210

Leave Date: 9-25-16 Time: 12:00 Return Date: 10-28-16 Time: 22:00

Destination Tulare PreTrial Facility

Purpose Correctional Core Academy

TRANSPORTATION \_\_\_\_\_ x \$0. \_\_\_\_\_ = \$ \_\_\_\_\_ Fares \$ \_\_\_\_\_  
(Priv Car/Air Miles) (Rate) (Amount) (Public Trans)

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
(Amount) (Receipted)

2) \_\_\_\_\_  
(Receipted)

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
(Amount) (Allowable Unreceipted)

MEALS - PER DIEM \$ 10 70.00 \$ 5 50.00 \$ 30 510.00  
(Travel Policy — Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - PER DIEM \$ \_\_\_\_\_  
(Travel Policy — Sec 2.1) (Amount) (No. of Days)

MEALS - ACTUAL \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Travel Policy — Sec 4.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - ACTUAL \$ \_\_\_\_\_  
(Travel Policy — Sec 4.1) (Amount) (No. of Days)

Total Reimbursement Claimed \$ 630.00

Less Travel Advance ( 637.50 ) 9/15/16  
(Date of Advance)

Total Reimbursement Due \$ (7.50) 28.30

I certify under the penalty of perjury that the within claim and the items as therein set out are true and correct, that no part thereof has heretofore been paid and that the amount therein is justly due me and that the same is presented within 60 days of the date on which expenses were incurred inclusive of required receipts. I further certify that there are sufficient funds and budget appropriations to support this claim.

Susan West 11-24-16 Mary Beth Strong 11/22/17  
Claimant's Signature Date Authorized and Approved by Department Head Date

Vendor No. (7)	Invoice # (8)		Description (24)				
Amount (9)	Fund (3)	Sub (2)	Dept (4)	Sub (2)	GL (3)	Object (4)	Sub (2)
\$							

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Pam Cochrane, Auditor-Controller By \_\_\_\_\_ (Deputy Auditor) \_\_\_\_\_ (Date)



# COUNTY OF LAKE

## TRAVEL ADVANCE REQUEST FORM

Excluding Mileage

Claimant: Susan West Date: 9-12-16

TA No. \_\_\_\_\_ No. \_\_\_\_\_

Date/Time Departure 9-25-16 Return 10-28-16

Destination: College of Sequoias Hanford, CA

### Estimated Needs:

Per Diem 3025 days @ 34.00 x 75% \$ 637.50

Actual (Attach Verification) \_\_\_\_\_ days @ \_\_\_\_\_ x 75% \$ \_\_\_\_\_

Registration (Attach Verification) \_\_\_\_\_ \$ \_\_\_\_\_

### Commercial Travel (Attach Verification and List Hereon):

\_\_\_\_\_ \$ \_\_\_\_\_

### Other (Tuition, etc., Specify and Document):

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ADVANCE REQUEST \$ 637.50

I hereby certify that the amount requested and to be received is for travel expenses as allowed under the County of Lake Travel Policy.

I hereby certify that the claimant hereon is required to perform the travel indicated hereon and this advance is in compliance with the provisions of the County of Lake Travel Policy. I further certify that there are sufficient funds and budget appropriations to support this claim.

Susan West 9-12-16

(Claimant Signature)

(Date)

Mary Beth George 9/15/16

(Department Head Signature)

(Date)

(Retain Pink copy in Department file)

(Submit White and Yellow copies for advance - Resubmit Yellow copy with standard travel claim form for settlement)

Vendor No. (7)	Invoice # (8)	Description (24)
Amount (9)	Fund (4)	Sub (2)
\$		
	Dept (4)	Sub (2)
	GL (3)	Object (4)
		Sub (2)

\*\*\*\*\*  
I hereby certify that the facts of the transaction herein set forth as evidenced by the above and the documents attached hereto and further certify as to the correctness of the computations hereon.

Pam Cochrane, Auditor-Controller

By \_\_\_\_\_

(Deputy Auditor)

(Date)

Claim No. (7)

County Of Lake  
Lakeport, California

Receipt No. 1299434

Department: Shirley

Date 3/21/17

Received of Susan West \$ 750  
50

Dollars

Amount Reimb travel Paymaster (overpayment)

Detail of Deposit

CASH ☒  
CHECK ☐  
OTHER ☐

By JM Carver